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ABSTRACT

One of five booklets designed to help vocational education teachers and administrators relate more effectively to handicapped students in their classrooms, this booklet discusses the labeling dilemma to stress that the information presented is very general; general traits are outlined to characterize a group. In addition, the distinction between a person with a handicap and a person with a disability is discussed. Characteristics are described of the following groups: mentally retarded students, students with specific learning disabilities, emotionally handicapped students, hearing impaired students, visually impaired students, and orthopedically handicapped students. A self-test is included for pre- and posttest evaluation. (TA)

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Characteristics of Handicapped Students

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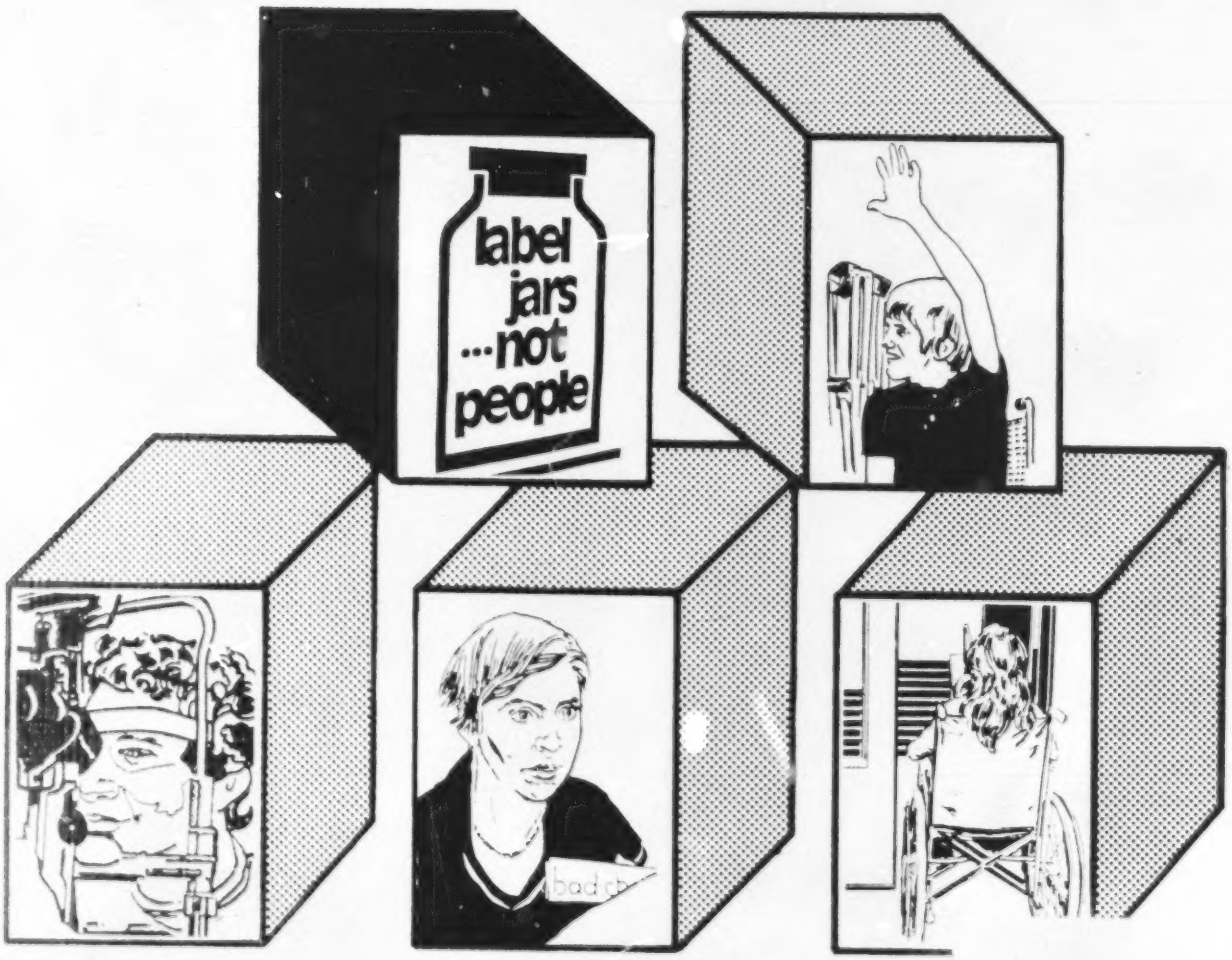

Another Step Forward...

These booklets were designed to help vocational education teachers and administrators relate more effectively to handicapped students in their classrooms. They were produced as a special project at the University of Florida. These booklets should provide you with valuable information and answer questions you may have about handling the special needs of handicapped students. For additional information, please write: Dr. Stuart E. Schwartz
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The series of five booklets covers material on a wide-range of aspects dealing with handicapped individuals. The booklets include:

1) Mainstreaming Handicapped Students into the Regular Classroom
2) Characteristics of Handicapped Students
3) Evaluation and Placement
4) A System of Management
5) Architectural Considerations for a Barrier Free Environment

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Here are a few questions to help determine what you already know about teaching handicapped students in your classes.

After reading this booklet, take the test again to evaluate your understanding of the important concepts. The correct answers are given in the back of the booklet.

Indicate whether the following statements are true or false.

_____ 1. Individuals with a certain type of handicap all have the same characteristics and limitations.

_____ 2. Labeling gives schools the license to identify a handicapped student as other than "normal" and serves to segregate students from regular experiences.

_____ 3. Mainstreaming is based on the following premises: 1) The mere act of labeling, if it is done accurately, doesn't determine the success or failure of a handicapped person, 2) and mildly handicapped pupils are best educated with, not separated from their normal peers, regardless of the label or handicapping conditions.

_____ 4. There is virtually no difference between a handicap and a disability.

_____ 5. Students with a learning disability have specific problems that cause difficulty with learning, not a lack of intelligence.

_____ 6. A deaf person is unable to hear any sounds.

_____ 7. The characteristics of emotionally disturbed students can be judged by: 1) the frequency of the behavior, 2) the intensity of behavior, 3) the duration of the behavior, 4) the context in which the behavior occurs.

_____ 8. Frustration from a handicapping condition is found in most individuals who are handicapped.

_____ 9. Two major obstacles facing visually impaired students are mobility and orientation.

_____ 10. Due to physical limitations that require braces or wheelchairs, orthopedically handicapped students should be restricted from classroom activities.

label
jars
...not
people

A great deal of attention is currently focused on the practice of placing labels on individuals or groups in our society. Labels that distinguish someone's race, religion, or sex are discouraged; and are illegal in many instances because of their discriminatory impact. The same should apply to the label "handicapped."

Our concern is education where the "self-fulfilling" prophecy that results from labeling is evident. A label given a child can shape a teacher's reaction to him, influence the way other children treat him, and ultimately affect his own behavior. Often a child is labeled "handicapped" and isolated from normal students before the severity or limitations of the handicap are determined. The label "handicapped" gives the school the authority to remove a student from the regular classroom with the intention of providing special programs for him. Too often, these students receive a separate and inferior education.

How can an educable mentally retarded student reach his potential when his class is called the "dummy class"? An emotionally disturbed little girl has a difficult time improving her self-image when she is placed in the "crazy class". The self-fulling prophecy only serves to hold these children back.

Labeling handicapped individuals has caused a great deal of controversy. It is not the label itself that creates so many negative effects. The problem is the tendency for people to stereotype individuals into specific groups and automatically associate behavior traits with them. The label "deaf" suggests a person who cannot hear. Along with that notion are pre-conceived ideas that a deaf child is a "slow" learner or is unable to speak. This may be true for some people with hearing impairments, but not all.

There are conflicting views on the labeling issue. Some people believe there is a need to label and society will always do so. Overcoming the stigma attached to the label "handicapped" will be just another obstacle people with impairments must face. Those who don't object to labeling are

quick to point out the advantages labels have had in unifying people to voice their needs. Legislators pay more attention to special needs when they are aware of the large percentage of "handicapped" voters in their districts. Lobbyists use slogans like "Help the Handicapped" to secure funding and legislation.

On the other hand, the label "handicapped" tends to immediately discourage individuals from developing to the fullest their physical and mental capabilities. People still associate the term "handicap" with pity. They believe all that can be done for handicapped individuals is to give them constant care and love. To them, the label symbolizes that handicapped people will never have a self-reliant role in society or lead a normal life.

The labeling dilemma is discussed in this booklet to stress that the information presented here is very general. We characterize a group by outlining general traits; but the tendency is to apply the generalizations to every person in a group, which is wrong. The mainstreaming concept is challenging labels that restrict the education handicapped students receive. The basis is that a label, even if it is accurate, does not determine the success or failure of a handicapped person. The other underlying belief is that most students with mild handicaps are educated best with their normal peers, not separated from them in special classes.

To clarify two common labels, it is important to recognize the difference between a person with a handicap and a person with a disability. A handicap is a disadvantage that makes achievement unusually difficult. A disability is the inability to pursue an occupation because of a physical or mental impairment. Often the two terms are thought to be the same. This is unfortunate because there is a difference between them that people involved in the education of handicapped children must understand.

It is more difficult for handicapped people to make achievements than those without handicaps. However, educational technology provides programs to help handicapped individuals reach success. The only reason people are considered truly handicapped is the lack of an efficient way for teachers to give them the special services and educational training they need.

If we assume that most people who are physically or mentally impaired can be educated to hold an occupation; then few can be considered disabled. Like a handicap, what is considered a disability depends on how it is defined by society. A handicap can be disabling, but only because of the expectations and limitations set by society.

Since you will be dealing with handicapped students in your classes, we will review several traditional categories you may encounter. We have presented simplified descriptions of common handicaps to familiarize you with characteristics of these conditions. As you read, be aware of the labeling problem. Remember not every person in a group will have all the general traits associated with that group.

It is important to realize that a number of characteristics of one condition are also found in others. The frustration resulting from a handicap is common to all of them. This leads to problems in the academic environment that is not characteristic of one handicap, but applies to most.

Mentally Retarded Students

The American Association of Mental Deficiency describes mental retardation as "...significantly sub-average general intellectual functioning, existing with deficits in adaptive behavior, and manifested during the developmental period." Sub-average intellectual functioning implies that mentally retarded people score significantly below normal individuals on standardized intelligence tests like the Stanford-Binet or Weshler tests. Adaptive behavior is the degree that an individual meets the standards of personal independence and social responsibility expected for his age and cultural group. At a certain age, specific achievements are expected of a person. Determining if a deficiency is present will differ according to the age group. The adaptive behavior of a three year old cannot be compared to that of a young adult.

Basic academic skills are a consideration in measuring

adaptive behavior, but they are only a part. The critical factor is how well an individual applies academic skills to the problems of everyday living, not how well he does in school. Communication skills, reasoning and judgement, and vocational performance are other considerations used to evaluate adaptive behavior.

There are four levels of mental retardation; mild, moderate, severe, and profound. These levels and their approximate I.Q. ranges are presented below.

Levels	I.Q. Range
Mild	55-69
Moderate	40-54
Severe	25-39
Profound	24 and below

Children classified as mildly mentally retarded are educable. Traditionally, they have been taught in special self-contained classes with interaction in the regular classroom. Children in the lower range of the mild level, in the moderate level,

and in the severe level are usually taught in classes for the trainable mentally retarded, or in special schools. Individuals classified as profoundly mentally retarded are educated in an institution or in special classrooms.

The label of mild mental retardation, designated as EMR, means nothing by itself. It is impossible to characterize this group of students just as it is impossible to generalize about a group of normal pupils. There are as many differences in this population as there are in any group in society.

Appropriate educational planning is possible if the teacher is given a report describing the student's assets and liabilities. The report should include a detailed analysis of what the pupil is capable of doing and what should not be expected of him. The information about academic achievement should be diagnostic and prescriptive in nature. Diagnostic reports indicate specific strengths and weaknesses in academic areas; not just a grade level. Prescriptive evaluations offer suggestions on how to improve deficiencies and make the most of strong points. The recommendations should be realistic and in the classroom teacher's range of techniques and materials to be most helpful.

Mild mental retardation is not usually detected during a child's early developmental years, but is determined when a child enters school and has trouble with academic tasks. Many of the behavior traits seen in retarded children result from the frustration of being unable to do the things other children can, and are not characteristic of mental retardation itself. Mildly mentally retarded pupils are similar to their normal classmates physically, though they have more general health problems and are often below their normal peers in measures of strength, speed, and co-ordination.

Tasks should be presented in certain ways for mentally handicapped students to learn them. Tasks should be:

Uncomplicated. New tasks should have few unknown elements to learn each time.

Brief. If tasks are brief, the student will pay attention to the most important parts of the learning experience and not get lost in a long process.

Presented in a Sequence. This allows the learner to proceed in a sequence of small steps, each new skill built on those previously learned.

Designed for Success. A major obstacle in teaching mentally handicapped students is a fear of failure. This problem can be reduced with successful learning experiences.

Designed with Overlearning. Drills in game form that repeat the same skill over and over are fun for children and reinforce what they learn.

Relevant. The child will learn quickly if the importance of the task is easily recognized.

When you teach mentally retarded students in your classes, remember that each one is an individual with special needs and must be educated with that in mind.

Students with Specific Learning Disabilities

The field of learning disabilities has developed rapidly in the past few years. Finding one definition for such a broad field is a difficult task. The National Advisory Council for Handicapped Children offers this one, "Children with specific learning disabilities exhibit a disorder in one of the basic psychological processes involved in understanding or using spoken or written language. They include conditions referred to as perceptual handicaps, brain injury, minimal brain dys-

function, dyslexia, developmental aphasia, and others. They do not include learning problems which are primarily due to visual, hearing, or motor handicaps, mental retardation, emotional disturbances, or environmental disadvantage."

Students with specific learning disabilities have normal intelligence but are unable to process information for learning to take place. These students are weak in academic areas like reading, writing, spelling, and arithmetic, or have difficulty listening and talking.

It is important to realize there are specific problems that cause a student to have trouble learning, **not a lack of intelligence**. A child with dyslexia, a specific learning disability, may have trouble reading. However, he is expected to achieve at a given level in the school reading program. The learning disability preventing successful reading will frustrate the student unless the educational program is adjusted to overcome the weakness.

In a regular vocational education class, a student with a specific learning disability will succeed if special programs are created for him. Changes in the curriculum or the presentation of material can often be made with minimal assistance. A child's specific disability will suggest a particular teaching strategy to use. If a student cannot read; then the teacher may use slides or tape recordings to explain lessons.

These principles will help teach students with specific learning disabilities:

—The results of evaluations should be used directly in planning programs.

—Successful teaching depends on using a variety of materials and teaching methods.

—Programs need continuous evaluation and alterations to meet the changing demands of the student.

—Instructional materials must be selected and tailored to individual needs.

An appropriate educational program can be delivered in the regular classroom setting if vocational education teachers, special education teachers, and other specialized personnel use these principles and work together to develop programs designed especially for students with specific learning disabilities.

Emotionally Handicapped Students

The emotionally disturbed student exhibits persistent severe behavioral disabilities which disrupt the learning process. The student is unable to make adequate academic progress or achieve satisfactory interpersonal relationships but has no extreme physical, sensory, or intellectual deficits.

There are two types of emotionally handicapped students that need to be distinguished from each other. The type I, or mildly emotionally handicapped student, is capable of being mainstreamed into the regular vocational program. This student has behavior problems that interfere with learning and

RECORD

	TYPE OF BEHAVIOR (☐ Deficit ☑ Interfering)	DESCRIPTION OF BEHAVIOR						
2	pushing classmates	lunch period	12 00	12 30	30 min	𝍸 𝍸 𝍸 𝍸	20	40/ho
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	TYPE OF BEHAVIOR (☐ Deficit ☑ Interfering)	DESCRIPTION OF BEHAVIOR						
3	Yelling at classmates	free time	12 30	12 45	15	111	3	12/h

progress, yet are not severe enough for placement in a special class for emotionally handicapped students. The type II emotionally handicapped individual is one with a clinical syndrome like autism or schizophrenia, or is disturbed to the extent that an institution is necessary.

There is no list of characteristics that apply to emotionally handicapped children. The behaviors associated with a mild emotional disturbance are not unique to emotionally handicapped students. In fact, they are exhibited by normal children. What makes emotionally handicapped children different is the frequency, intensity, and duration of certain behaviors, and the context in which the behavior occurs.

Physical aggression like hitting or pinching is observed in normal children. However, this behavior is atypical or inappropriate when it occurs at a high frequency, say twenty times a day.

Measuring the intensity of an action will determine if it is appropriate behavior. Varying degrees of intensity can be specified and measured. The loudness of speech is measured on a scale that ranges from inaudible to sounds that are uncomfortably loud. Children who always speak in the uncomfortably loud range are displaying an abnormal symptom.

The duration of a behavior is recorded in terms of elapsed time. Crying is a normal behavior for children. However, if the crying continues until a child is hysterical, then the behavior is not normal in terms of duration.

The context or setting where a behavior takes place is another way to judge emotionally disturbed behavior. Wearing a raincoat when it is raining outside is expected, but insisting on wearing it in the classroom is another matter.

Mild behavior disorders are classified in the following groups:

Conduct Disorder—disobedience, disruptiveness, lying, fighting, attention seeking, irresponsibility, defiance, and impudence.

Inadequancy/Immaturity—short attention span, laziness, pre-occupation, daydreaming, easily flustered, sluggishness.

Socialized Delinquency—co-operative stealing, truancy, night activities, loyalty to selected (usually delinquent) peers.

The vocational education teacher should consider using behavior management techniques for dealing with any behaviors which are disruptive in the classroom. Help with these procedures should be available from the special education teacher or from the school psychologist.

Hearing Impaired Students

Today, an increasing number of children with hearing impairments are being integrated into regular classes. This makes it necessary for teachers to be informed about hearing impairments and adapt their classrooms and teaching to the special needs of children with hearing problems.

It is important to know basic terms that describe a hearing impaired individual. A deaf person is unable to hear and understand speech, though he may be able to distinguish amplified sounds. There are two classifications of deaf people, prelingual and postlingual. A child who is born deaf or becomes deaf before language and speech are learned, is prelingually deaf. A person who becomes deaf after he has the opportunity to hear and learn a sufficient amount of language and speech is postlingually deaf. The term hearing impaired includes prelingually and postlingually deaf people, and the hard-of-hearing. A person who is hard-of-hearing has a hear-

ing loss but can differentiate enough sound to understand speech.

There are two degrees of hearing loss. The radio is a good example to illustrate the difference between them. The volume control dial on the radio regulates the loudness. If we turn the dial and lower the volume, we have an idea of one kind of hearing loss. The sound is clear, it is just too soft to be understood. A person who hears this way needs sounds amplified to make them audible. In contrast, the tuning dial controls the clarity of sound. If a station is not tuned in properly, the sound is garbled and distorted. This is a hearing loss because the sounds are not clear, even though they are heard. Most hearing impaired individuals are able to hear some degree of sound. It is the loudness or clarity of what they hear that determines the severity of the hearing impairment.

There are a number of misconceptions about people with impaired hearing. Three common ones are that deaf people cannot hear, are unable to talk, and are retarded.

Even the most severely or profoundly deaf individuals may hear some sounds like bells, automobile horns, or slamming doors. Profoundly deaf students usually can hear well enough to be aware of things happening around them.

People who cannot hear speech have varying degrees of speech impairments, but they can learn to talk. Speech and language skills are difficult for deaf people to develop, but with early treatment and special training even those with severe hearing impairments can learn sufficient language skills to communicate.

It is incorrectly assumed that language has a direct bearing on intelligence. Research has shown that when a hearing impairment is not complicated by other handicaps, a person's intellectual ability is normal.

Since more hearing impaired children will be entering the regular classroom, teachers must be prepared to deal with their special needs. Here are some guidlines to help:

—Try to accept the hearing impaired child positively, even if his speech, vocabulary, and comprehension are inadequate. Your reaction will serve as a model to the other students in the class.

—Realize that children with almost identical hearing losses may act differently from each other. You must teach and motivate each student according to his individual situation.

—Make simple changes in the classroom to accommodate the needs of the hearing impaired student. You can install lights to the bell system and seat hearing impaired students at the front of the room. To make lip reading easier, elevate their desks to the same level as yours. Use an overhead projector instead of the blackboard so you face the class as you talk.

—Consult resource personnel for suggestions about special

equipment and instructional materials like films with captions that are designed for students with impaired hearing.

—Arrange seating so the "buddy system" can be used. The "buddy" can help the hearing impaired student by repeating directions and relaying classroom discussions.

—Make certain the hearing impaired student is paying attention, not just listening. However, inattention is expected to a certain extent in children with this problem. The child becomes tired, experiencing a feeling you might have after listening for two hours to a lecture from the back of an auditorium where you had to strain your ears to hear.

If these simple things are done in the classroom, the deaf and hard-of-hearing students will be able to function along with students who hear normally.

Visually Impaired Students

Children with visual impairments have been integrated into regular classrooms for some time. Specialists realized that only minor changes were needed to educate visually impaired students along with their peers. Materials can be adapted so the student relies on other senses like hearing and touch to learn.

Individuals are classified as legally blind when their corrected vision is only 20/200 or their peripheral vision is less than twenty degrees. A person with 20/200 vision can see at twenty feet what the normal person with 20/20 vision sees at two hundred feet.

Partially sighted persons have corrected vision ranging from 20/70 to 20/200. These persons are not considered

legally blind but still require some teaching aids. The term "visually impaired" includes both the legally blind and the partially sighted.

The visually impaired individual is often treated with pity. Without proper training, many are forced to beg on street corners or do meaningless jobs. This is a tremendous injustice because the measured intelligence of visually impaired persons falls within the normal range. Career education and vocational training, preferably with sighted children, should be available to all visually handicapped children. Two tradiional occupations of the blind, broom making and piano tuning should not be the limit of a blind student's aspirations.

The visually impaired student has tremendous limitations to conquer to reach his goals. Two major obstacles are mobility and orientation. Visually impaired students must be taught to adapt themselves to their immediate environment by using their other senses. Vocational educators should make certain that the student is familiar with the school and classroom layout, and the location of tools and materials. This will make the student more independent and give him self-confidence.

Consider the following when dealing with visually impaired students in your classes:

Educational materials and equipment. How can materials be changed so visually impaired students can use them? What special kinds of equipment exists to help sight impaired students?

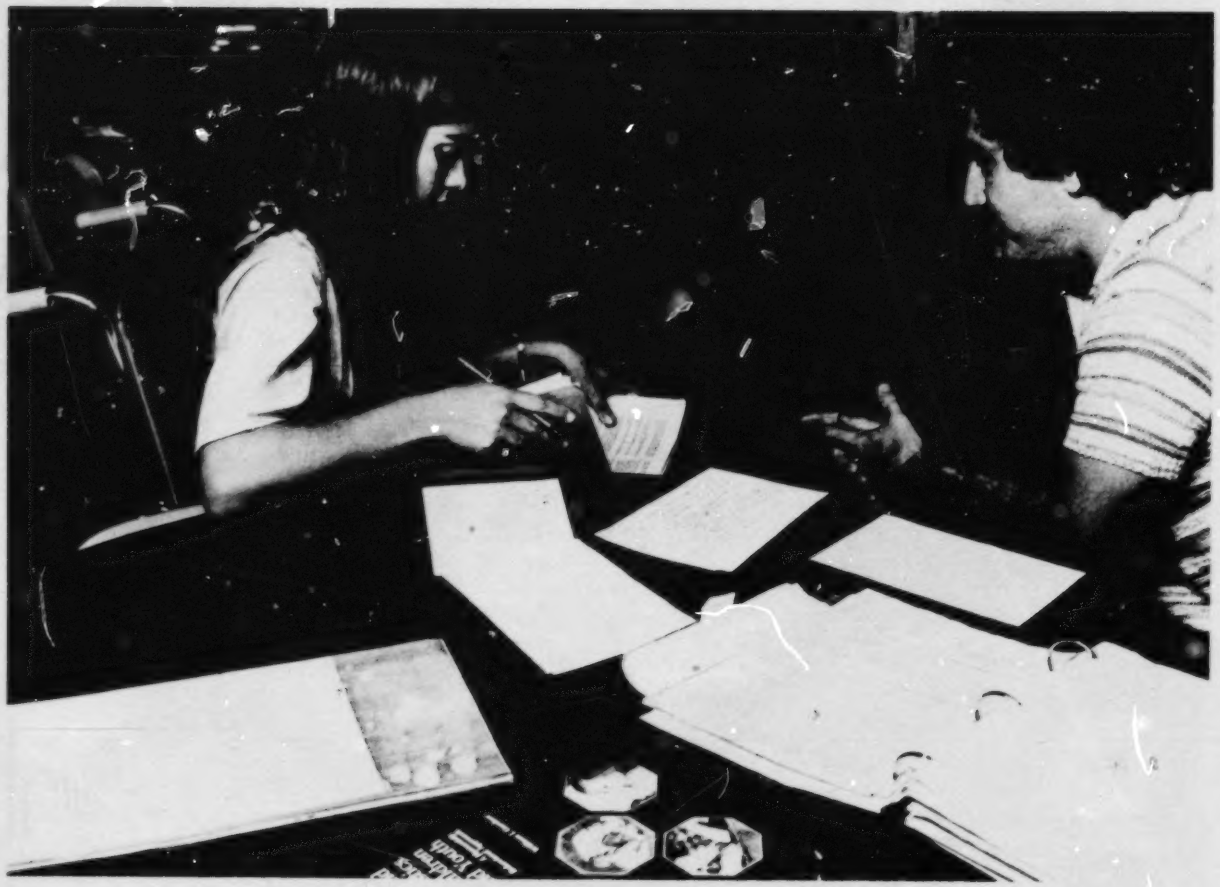
The classroom environment. Is the student able to function as best he can in the physical surroundings? Do the other members of the class help him?

Orientation and mobility problems. How can I make the room easier to get around in? Are all the materials easy to locate? Have I taken time to show the student where everything is found?

Alternative teaching strategies. If a child has trouble seeing, have I taped special lessons for him? Have I incorporated the use of actual objects a student can touch into my lessons?

Individual needs. Have I talked with specialists about the student's special needs? Does the student have any problems in my class? Can the parents offer any suggestions?

A visually handicapped learner can function successfully in the regular classroom when the environment, materials, and equipment are specially designed and adapted for each student's needs.



Orthopedically Handicapped Students

The orthopedically handicapped person has a crippling impairment which interferes with the normal function of the bones, joints, or muscles. There are varying degrees of impairment ranging from mild to severe. Most individuals with severe orthopedic conditions are placed in special schools or hospitals because of their need for extensive, full-time assistance. Vocational education usually concerns itself with the mildly or moderately handicapped learner.

It is impossible to discuss teaching orthopedically handicapped students without considering the medical implications of their problems. The variety of handicaps among these students makes it impractical to generalize about them as a group. The vocational education teacher must study each student's particular impairment and evaluate special needs. It is necessary to have a basic knowledge of orthopedic handicaps to do this.

—Cerebral Palsy. This disease is caused by a malfunction of the brain. It is not a progressive disease but a combination

of conditions which may seriously limit motor co-ordination. Cerebral Palsy is usually present at birth but may be acquired later in life as a result of a head injury or an infectious disease. The condition affects the muscles causing spastic, rigid, or uncontrolled movement.

—Poliomyelitis. This contagious disease is caused by a virus that attacks the spinal cord and paralyzes the limbs. Due to the availability of the Salk Vaccine there are relatively few school-aged children with this handicap at the present time.

—Arthritis. This is a progressive disease causing painful inflamation of the joints, most often the knees. Medical treatment has proven ineffective so far.

—Muscular Dystrophy. This is a progressive disease of the voluntary muscles caused when fatty tissue replaces the muscle fibers and weakens them.

—Spina Bifida. This is one of the most common birth defects. The bone area at the lower part of the spine is deformed, causing paralysis of the legs and loss of control in eliminating body wastes. Frequently this condition is also accompanied by hydrocephalus which is increased fluid in the skull cavity.

—Congenital conditions and deformities. A congenital condition is one which has been present since birth. These conditions or deformities include such things as dwarfism, clubbed feet or hands, or the absence of a limb.

—Traumatic conditions and amputations. These are the physical handicaps that result from accidents and operations.

Many considerations have to be made in educating students who are handicapped in these ways. The emotional and social adjustment of these students in the classroom should be of great concern. There is great frustration when a person realizes his physical limitations or is suddenly forced to rely on crutches, braces, or a wheelchair. Whether or not an individual adjusts to a handicap depends a great deal on the attitude of others. Handicapped students should be encouraged to participate in classroom activities, not be left out because of the notion that their handicap restricts them. Naturally there will be certain limitations, but it is important that the individual be allowed to assume responsibilities and function as independently as possible.

The other area of concern is with physical barriers facing the individual. Schools, public buildings, and transportation systems are constructing facilities to meet the needs of handicapped people. Existing facilities may require structural changes; such as lifts for buses, ramps for wheelchairs, and lowered phones and water fountains. The vocational educator has to make sure that the classroom layout will have tools and materials in accessible locations. Doors and areas between desks and tables should be widened for mobility and work tables adjusted so handicapped students can use them.

Many students with crippling conditions require special

equipment like braces or wheelchairs. The vocational teacher should have knowledge about this equipment. Information about the purpose and maintenace can be obtained from physical and occupational therapists or from the child's parents.

The vocational educator should not hesitate to request the services of professional resource persons, like physical therapists, special education teachers, and school counselors. These services are available to give the support necessary for the student to function with as few restrictions as possible. The handicapped student can be trained in a normal job training situation if the vocational education teacher and classmates help to maintain a positive environment.

The handicaps we have described in this booklet are only a few general conditions you will run across in dealing with handicapped learners. From them, we hope to have given you an awareness of the problems and a basic outline of some symptoms, resulting circumstances, and ways to help.

We encourage you to find out more about specific handicaps you encounter in your classes in order to handle each student's needs to your best ability.

The greatest handicap for these students is the view by many that they are incapable of learning and relating with others on a normal basis. If this barrier is overcome, the outlook for handicapped people should be greatly improved.

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Answers: 1) F 2) T 3) T 4) F 5) T 6) F 7) T 8) T 9) T 10) F

This public document was promulgated at a cost of $.82 per copy to provide information for vocational education teachers dealing with handicapped students.